

## CITY OF DUBLIN

## **BUSINESS INCOME TAX RETURN 2013**

P D To To	City of Dublin DIVISION OF TAXATION PO Box 9062 Dublin OH 43017-0962 Telephone (614) 410-4460 Toll Free (888) 490-8154 Tax (614) 923-5541  WIDE NAME AND CURRENT ADDRESS IN SPACE BELOW	CITY OF DUBLIN BUSINESS INCOME TAX RETURN 2013 OR FISCAL PERIOD TO  CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15 FISCAL YEAR DUE 105 DAYS FOLLOWING END OF PERIOD	LOCAL BUSINESS ADDRES FROM MAILING ADDRESS  TAX RETURN FOR (Check Or Corporation Partners Fiduciary Estate  FEDERAL I.D. NO.  DID YOU FILE A CITY RETURN LAST YEAR?  IS THIS A FINAL RETURN?  FEDERAL BUSINESS ACTIV NO. FROM FEDERAL TAX F	ne)
1.		ed return (Form 1120, Line 28; Form 1120S, Schedule K, line 18 /Loss", Line 1; Form 1041, Line 17; Form 990 T, Line 30) (See in	l 3; Form 1120A,	\$
2.	•	edule X)	•	\$
3.		s/minus Line 2)		\$
4.	·	erse, Schedule Y)		%
 5.	- , ,	ne 4)		\$
6.	, , , ,	(.02)		\$
7.		7	\$	ΙΨ
8.		lity 8	\$	
9.		9	\$	
	, ,		<u> </u>	\$
				\$
		f estimate (10% of Line 11)		\$
				\$
	, , ,			\$
		14	\$	
			\$	
	· ·		\$	
	DEC	CLARATION OF ESTIMATED TAX FOR 20	)14 \	OUCHER 1
17.	Total estimated income subject to tax		17	\$
18.	Multiply Line 17 by 2.0% (.02) Dublin City In	come Tax declared	18	\$
19.	Tax due before credits (enter at least 25% of	f Line 18)	19	\$

	DECLARATION OF ESTIMATED TAX FOR 2014	VOUCHER 1
17.	Total estimated income subject to tax	\$
18.	Multiply Line 17 by 2.0% (.02) Dublin City Income Tax declared	\$
19.	Tax due before credits (enter at least 25% of Line 18)	\$
20.	Less credits (from Line 16 above)	\$
21.	Net estimated tax due if Line 19 minus Line 20 is greater than zero*	\$
22.	TOTAL AMOUNT DUE - Combine Line 13 above with Line 21 (Make checks payable to the City of Dublin)	\$

\*First Quarter Estimate should be paid with this return. Payment forms for the remaining estimated payments are available at www.dublintax.com or will be mailed upon request.

☐ If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return. The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER

DATE

SIGNATURE OF TAXPAYER OR AGENT

DATE

NAME AND ADDRESS OF PREPARER

PHONE NUMBER

NAME AND TITLE

PHONE NUMBER

All appropriate Federal schedules must be attached. A return is not complete unless such schedules are included.

## SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

	ITEMS NOT DEDUCTIBLE	ADD		ITEMS NOT TAXAB	LE	DEDUCT
A.	Capital Losses (not ordinary losses)	\$	Н.	Capital Gains (not o	rdinary gains)	\$
В.	Taxes Based on Income		l.	Interest Income		
C.	5% Of Amount Deducted as intangible income		J.			
D.	Guaranteed payments to partners (not included within net profits)		K. L.		s and Copyrights	
E.	Amounts for Qualified Self-Employed Retirement, Health & Life Insurance Plans for Owners of Non-C Corporation Entities or Self Employment tax		L.		auon)	
F.	Other including REITS & RIC'S all amounts (SEE INSTRUCTIONS)					
G.	Total Additions		M.	Total Deductions		\$
	N. Combir	ne Lines G and M and ent	er net	on Line 2		
	SCHEDIII	E Y - BUSINESS	: ΔΙ	I OCATION FO	ORMIII A	
	30112302	L 1 - BOOMEOC				Developed (In to)
STE	P 1. Average Original cost of Real & Tangible Gross Amount Rentals Paid Multiplied b TOTAL STEP 1					c. Percentage (b/a)
STE						
STE						<u>%</u> %
	Total Percentages      Average Percentage (Divide Total Percentage)					
	3. Average reiceillage (Divide Iolai Feicei	itages by number of Ferc	entag	es Osed – Carry to Li	116-4/	
	SCHEDULE Y-1 - RECONCI	LIATION TO FO	RM	W-3, WITHHO	LDING RECON	CILIATION
Tota	wages allocated to Dublin (from Federal Return	or allocation formula)				\$
Tota	wages shown on Form W-3 (Withholding Reco	nciliation)				\$
Are	any employees leased in the year covered by thi If yes, provide the name, address and FID nu					
	Gross city wages paid were \$ City t	ax in the amount of \$		was withheld from wages	s and paid to	
Were	e 1099-MISC forms issued to central Ohio reside			-	•	
all ta	ck whether this return was prepared on □ cash c exable employees during the period covered by the color, please explain on an attached statement.		-			
Plea	se explain any difference:					
	SCHEDULE Z - PAR	RTNER'S DISTR	BU'	TIVE SHARES	OF NET INCOM	1E
	ame and address of each partner			2. FID or SSN	3. Amount	4. EIN of Payor
(a) (b)						
(c)						
(d)						